



Independent Study Plan

Note:

All Independent Study Activity Plans must be approved by a RID Approved Sponsor *prior* to the onset of the activity.

CMP Participant Name: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Participant's Phone: _____ RID's Member ID # _____

Fax: _____ E-mail: _____

1. **What do I want to do?** *Briefly describe the activity you will complete for CEUs.*

(Ex: I would like to know more about the process of translation from a linguistic point of view. Several books on translation have been recommended. I would like to read them and apply them to my work.)

2. **Why do I want to do it?** *Personal needs? Professional growth? Skill enhancement in a specific area? Increased general knowledge? Remaining current in the field? etc.*

(Ex. I have not formally studied interpreting. I interpret, but I can't always tell you why I do what I do. I would like to know more about the process. This will refine my skills.)

3. **What are my specific goals?** *Keep your goals measurable, observable, tangible!*

(Ex: "I will compare the problems and techniques of spoken language interpreters to those I have experienced.")

4. How will I accomplish my goals? Briefly describe your action plan.

(Ex: I will read x, y and z. I will discuss them with other interpreters via the Internet. I will look for ways to apply these texts to my own work.)

5. How will I show my sponsor what I learned? Describe your evaluation process.

(Ex: I will write a 1-2 page report comparing spoken and signed translation work.)

6. How many CEUs is it worth? Remember, in an educational setting, 10 contact hours = 1 CEU. Consider how much time you will devote to this study. A maximum of 2.0 CEUs can be earned for each project. (Larger projects may be broken into components and each component filed as a separate independent study project earning up to 2.0 CEUs each.)

I agree to implement the Independent Study Activity as outlined in this plan and to submit all the necessary documentation of successful completion to my Sponsor. I certify that this activity for CEU credit toward the RID CMP requirements represents a valid and verifiable Continuing Education Experience that exceeds routine employment responsibilities.

Participant's Name

Date

Participant's Signature

I will insure that this Independent Study Activity will be overseen and evaluated by individual(s) with the relevant expertise. I, or my designee, have discussed the Independent Study Activity outlined in this plan with the participant and agree that it represents a valid and verifiable Continuing Education Experience. Further, I or my designee, agree to assess the documentation submitted to me by the participant upon completion of the Independent Study Activity and award the appropriate CEUs if completion is satisfactory.

Sponsor's Administrator Name (please print)

Code

Date

Sponsor's Administrator Signature